(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
٠٥١٥٠	Study Area Code	448009
<010> <015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
	CONTROL ENGLISHED THE STATE OF	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	55088.00
<203>	Total Mobility Fund Support Disbursed	53964.20
<210> <211>	Actual Completion Date Project Status Description (attached)	07/16/2015 448009_PSD_TX.pdf
12.2	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	n
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier Approved by OMI OMB Control No. Page 7 of 8	
· · · · · · · · · · · · · · · · · · ·	<u> </u>

		44000
<010>	Study Area Code	448009
	Study Area Name	Texas 10, LLC
		2018
<020>	Program Year	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Control of the second or many recognition	ities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the
ertify that I am an officer of the reporting carrier; my responsibilies est of my knowledge, the information reported on this form and i	n any attachments is accurate.
ame of Reporting Carrier: Texas 10, LLC	
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018
rinted name of Authorized Officer: Chad Strausbaugh	
itle or position of Authorized Officer: Staff Counsel	
elephone number of Authorized Officer: 6105356474 ext.	
tudy Area Code of Reporting Carrier: 448009	Filing Due Date for this form:

06/28/2018 Page 7

FCC Form 690	
(102) Certification - Agent / Carrier	
Approved by OMB	
OMB Control No. 3060-1185	
Page 8 of 8	

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am author reported herein based on data provided by the reporting or	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	f of the reporting carrier; I have provided the data ed herein is accurate.			
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent	t				
Telephone number of Authorized Agent or Employee of Ag	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

Attachments

(060) Co	rverage and Performance Report	Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
		2018
<020>	Program Year	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	6105356474 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
-0337	00	09/2017 - 07/2018

08/2017 - 07/2018

<a2> <a3> <b1> <b2> <b3> <c1> <c2> <d>> <c3> Certify that **Total Road** Coverage and **Road Miles** Total Resident Miles Performacne Resident per Census covered per **Road Miles** data is uploaded Population **Population** Resident Block Newly per Census Census Block **Newly Reached** Reached by Population per (yes/no) Block Reached by Service Service Census Block Census Block State County Yes Cherokee 0000 0.0 0.0 ТX

> Percentage of **Total Population** Reached by Service

<140>

<141>

Coverage and Performance Report Year

_		_	_
0			- 1
			- 1
			١
			- 1
			- 1
			- 1

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448009

County/State: Cherokee, TX Total Award Amount: \$55,088.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
-	§54.1009 Annual Reporting			OMB 3060-1185
	lection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
Data Coi	in the state of th			
<010>	Study Area Code	448010		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018	A	ccepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Ccepted / Filed JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		al Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		or the Secretary
A. (1.11)				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040> 🔘	\odot
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	Attach a description of the described			
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	lacktriangle

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

50) Carr	ier Contact Form	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this	ata Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in	data line <030> 6105356474 ext.
<039>	Contact Email Address - Email Address of person identified	n data line <030> cstrausbaugh@cellonenation.com
porting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number <u>17</u>	35110
<111>	Filing Carrier Name	tas 10, LLC
<112>	Winning Bidder Carrier Name Te	as 10, LLC
<113>	Street Address (or PO Box) 90	West Valley Road, Suite 600
<114>	City	me
<115>	State PA	
<116>	-	087
<117>		05356474 ext.
<118>	E. Novelson	06885209
<119>	Fmail Address	rausbaugh@cellonenation.com
<120> <121> <122> <123> <124> <125> <126>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Telephone State T	nd Strausbauch tas 10, LLC D West Valley Road Suite 600 The 1887
<127>		06885209 crausbaugh@cellonenation.com
<128>		
	Company Street Address (or PO Box)	
<130> <131> <132>	if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City	
<130> <131> <132> <133> <134>	if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State	
<130> <131> <132> <133> <134> <135>	if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code	
<130> <131> <132> <133> <134> <135> <136>	if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code Telephone Number	
<130> <131> <132> <133> <134> <135>	if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	

(060) Cov	verage and Performance Report.		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
-010s	Study Area Code	448010	
<010> <015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
-050-			

cstrausbaugh@cellonenation.com Contact Email Address - Email Address of person identified in data line <030> <039> 08/2017 - 07/2018 Coverage and Performance Report Year <140>

Contact Telephone Number - Number of person identified in data line <030>

<035>

448010_CPRd_TX.zip Coverage and Performace attachments

6105356474 ext.

<d> <c3> <c2> <b3> <c1> <b1> <b2> <a1> <a2> <a3> <141> Total Certify that Road Road Coverage and Miles per Miles Road Performance data covered Miles Census Total Resident Resident is uploaded Population Block per Population per Resident (Yes/no) Census Newly **Newly Reached** Reached by Census Population per Block Block Reached Census Block Census Block Service by Service County State -- See attached worksheet

Percentage of Total Percentage of Total Road Miles covered Population Reached by by Service Service

Page 4 of 8

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		mployee as to Compliance with 47 (
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.				
lame of Reporting Carrier: Texa	s 10, LLC			
ignature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018	,,,
rinted name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel		·	
elephone number of Authorized Officer:	6105356474 ext.			<u> </u>
itudy Area Code of Reporting Carrier:	448010	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Leastify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pur	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agent				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Triba	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
100000000000000000000000000000000000000				
<010>	Study Area Code		448010	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line	e <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data lin	ne <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation Name of Atta	ached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
-1515	Compliance with Tribal Business and Licensing requirements.	

(090) Project I	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Telephotic Name Contact Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	209952.00
<203>	Total Mobility Fund Support Disbursed	199034.50
<210>	Actual Completion Date	07/27/2015
<211>	Project Status Description (attached)	448010_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u>'</u>
<215>	Status of Network Deployment - Maintenance	-
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier FCC Form 690 Approved by ON OMB Control No	
Page 7 of 8	

<010>	Study Area Code	448010
	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of	Officer as to the Accuracy of	the Data Reported for Mobility Fund Recipients						
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the lest of my knowledge, the information reported on this form and in any attachments is accurate.								
Name of Reporting Carrier:	as 10, LLC							
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018					
Printed name of Authorized Officer:	Chad Strausbaugh							
Title or position of Authorized Officer:	Staff Counsel							
Telephone number of Authorized Offic	cer: 6105356474 ext.							
Study Area Code of Reporting Carrier:	448010	Filing Due Date for this form: 07/02/2018						

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier Approved by OM OMB Control No. Page 8 of 8	

-0105	Study Area Code	448010
		Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<039>	Contact citian Address - Littan Address of person factoring	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. It is authorized to submit the information reported on behalf of the reporting carrier. It is authorized to submit the information reported on behalf of the reporting carrier. It is authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer:	
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
and the Code of Beneating Corrier:	Filing Due Date for this form:
Persons willfully making false statements on this form	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized reported herein based on data provided by the reporting carrie	to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data r; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:						
Name of Authorized Agent Firm:	Date:					
Signature of Authorized Agent or Employee of Agent:						
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Agent:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form: punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Attachments

												e		

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448010
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<d>> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Reached by per Census Population per **Newly Reached Block Newly** Census Block (yes/no) Census Block Census Block by Service Service Block Reached State County Cherokee 0000 Yes 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448010

County/State: Cherokee, TX

Total Award Amount: \$209,952.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility	Fund		Approved by OMB
-	§54.1009 Annual Reporting		OMB 3060-1185
	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
Data COI	ection Form		
<010>	Study Area Code	448011	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	•
	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
Mark Cons			<u> </u>
			0 0
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
			<042>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	(042)
<080>	Tribal Lands Reporting {y/n?} (Does this study area cov	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

de one Number address	nis data	Texas 10, LLC 2018 Chad Strausbaugh 6105356474 ext. cstrausbaugh@cellonenation.com	
m Year It Name - Person USAC should contact regarding the It Telephone Number - Number of person identified the Email Address - Email Address of person identified the Email Address - Email Address of person identified the It	nis data ed in data line <030> ed in data line <030> Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext.	2018 Chad Strausbaugh 6105356474 ext. cstrausbaugh@cellonenation.com	
t Name - Person USAC should contact regarding the trelephone Number - Number of person identified tremail Address - Email Address of person identified tremail Address - Email Address of person identified / Mobility Fund Phase 1 Winning Bidder gistration Number and Bidder Carrier Name and Bidder Carrier Name Address (or PO Box)	nis data ed in data line <030> ed in data line <030> ed in data line <030> 17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209	Chad Strausbaugh 6105356474 ext. cstrausbaugh@cellonenation.com	
t Telephone Number - Number of person identifier t Email Address - Email Address of person identifier / Mobility Fund Phase 1 Winning Bidder gistration Number Carrier Name ng Bidder Carrier Name Address (or PO Box) de one Number mber Address	ed in data line <030> ed in data line <030> 17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209	6105356474 ext. cstrausbaugh@cellonenation.com	
t Email Address - Email Address of person identifier / Mobility Fund Phase 1 Winning Bidder gistration Number Carrier Name g Bidder Carrier Name Address (or PO Box) de one Number mber Address	ed in data line <030> 17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209	cstrausbaugh@cellonenation.com	
/ Mobility Fund Phase 1 Winning Bidder Ingistration Number Carrier Name Ing Bidder Carrier Name Address (or PO Box) Indie Ind	17235110 Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209		
gistration Number Carrier Name g Bidder Carrier Name Address (or PO Box) de one Number mber Address	Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209	, Suite 600	
Carrier Name Ing Bidder Carrier Name Address (or PO Box) Indeed In	Texas 10, LLC Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext. 6106885209	, Suite 600	
ng Bidder Carrier Name Address (or PO Box) de one Number mber Address	Texas 10, LLC 900 West Valley Road, Wayne PA 19087 6105356474 ext.	, Suite 600	
Address (or PO Box) de one Number mber Address	900 West Valley Road, Wayne PA 19087 6105356474 ext.	, Suite 600	
de one Number mber Address	Wayne PA 19087 6105356474 ext. 6106885209	, Suite 600	
de :: one Number :: mber Address ::	PA 19087 6105356474 ext. 6106885209		
de :: one Number :: mber Address ::	19087 6105356474 ext. 6106885209	1 10.00	
one Number mber Address	6105356474 ext.		***
mber Address	6106885209		
Address			
	cstrausbaugh@celloner		
		nation.com	
Carrier Name <u>T</u> Address (or PO Box)	Chad Strausbaugh Texas 10, LLC 900 West Valley Road.	Suite 600	
-	PA		V. Company
	19087		100
ana Number	6105356474 ext.		
mhor			
N.J.J.	6106885209		
-	cstrausbaugh@cellonen	lactor.com	
gent, indicate in this box			
(First, MI, Last, Suffix)			
iny			
Address (or PO Box)			
_			
de			
one Number			
_			
mber			
	Information gent, indicate in this box (First, MI, Last, Suffix) Inny Address (or PO Box) de one Number mber	Information gent, indicate in this box (First, MI, Last, Suffix) uny Address (or PO Box) de one Number mber	Information gent, indicate in this box (First, MI, Last, Suffix) Inny Address (or PO Box) de one Number

(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
		449011	
<010>	Study Area Code		
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448011_CPRd Coverage and Performace attachments	_TX.zip	

<d>> <c3> <b1> <b3> <c1> <c2> <b2> <a3> <a2> <141> <a1> Total Certify that Road Road Miles per Coverage and Miles Road Performance data Total Resident | Miles Census covered Resident is uploaded per Population Population per Block Resident Census (Yes/no) Newly Reached Reached by Census Newly Population per Block Reached Block Census Block Census Block Service by Service County -- See attached worksheet

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

FCC For	m 690
Vertex tele-a gate Comparability Cartification Compliance	ed by OMB
[4] 마르크바이크로 가입하다 마르크로 가입하다 전환경을 하는데, 마르크로 바이트 가입하다 한 경험을 하는데 그 그를 다시고 있다. 그는데 그를 하는데 그는데 그를 하는데 그를 다시고 있다. 그	ontrol No. 3060-1185
Page 4	01.0

		448011
<010>_	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	
<030>	- years bould anatom regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<035>	Contact Telephone Number - Number of person identified in data line <0305	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	Coctados

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

information reported on the
nto 06/29/2018
ate_ · · · · · · · · · · · · · · · · · · ·
b), or fine or imprisonment

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

in the second to file Cor	enliance with 47 CER 654 1009(a)(4) on Behalf of Reporting Carrier
Certification of Officer or Employee to authorize an Agent to file Cor	is authorized to submit the information reported on behalf of the reporting
	nsibilities include ensuring compilance with 47 or 15 god. 1995(4)(1)
authorized agent; and, to the best of my knowledge, the reports and data provided to the	e authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	- Julie - Juli
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Filing Filing	Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under Title 18 of the United S	under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tates Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to data provided by the reporting carrier; and, to the best of my know	submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on wledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
	Filing Due Date for this form:

	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448011	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identific	ed in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
-1.44	Tribal Land(s) on which ETC Serves			
<144>	(Tibal Land(s) on which the serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ment (.pdf)	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
40.00		Page o Ui o
<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	146820.00
<203>	Total Mobility Fund Support Disbursed	140315.87
<210>	Actual Completion Date	07/28/2015
<211>	Project Status Description (attached)	448011_PSD_TX.pdf
\211>	Project Status Description (accouncy)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
4212s	Status of Network Deployment - Network Design	
<212>	Status of Network Deployment - Network Design Status of Network Deployment - Construction	
<213>	Status of Network Deployment - Deployment	
<214>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	-
<215>		
<216>	Project Budget Status Project Plan Status	
<217>	Project Fian Status	
J2105	Network will Support 3G/4G Mobile Service ?	3G
<218>	METMOLK MIII Support Soft and Middle Service .	, 35 O 40

•

(101) Certification - Reporting Carrier			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8	
<010>	Study Area Code	448011		
<015>	Study Area Name	Texas 10, LLC		
	Program Year	2018		
<020>		Chad Strausbaugh		
<030>	Contact Name - Person USAC should contact regarding this data	6105356474 ext.		
<035>	Contact Telephone Number - Number of person identified in data line <030>			
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448011	Filing Due Date for this form: 07/02/2018	

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting c also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

ed to File for Mobility Fund Recipients on Behalf of Repo	orting Carrier				
ted to submit the reports for Mobility Fund recipients on behalf o rier; and, to the best of my knowledge, the information reported	f the reporting carrier; I have provided the data herein is accurate.				
ignature of Authorized Agent or Employee of Agent:					
lame of Authorized Agent Employee:					
ıt:					
Filing Due Date for this form:					
	rier; and, to the best of my knowledge, the information reported				

Attachments

		The state of the s	and the second s
			FCC Form 690
(060) Coverage and Performance Repo	JT.		rus rominoso
		회사가 가장하는 사람들은 사람들은 사람들이 되었다.	Approved by OMB
		용성 나타 하는 일이 얼마를 가고 있는 사람들이 모든 얼마를 다 했다.	Approved by Olino
			OMB Control No. 3060-1185
			Cimb Control No. 3000 1203
		경영화 경험 경기 가지 않는 경기가 가는 경우에 된 것을 받다.	일정하다는 가는 민들이 살아가면 내가 이번 살아서 하면 하면 다 하다 때 생각하
		Fig. 1925 State State Burker Place State State 1921 State State State 1921	Compared to the first of the first of the first of the property of the compared of the first of

<010>	Study Area Code	448011
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d>< Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Block Newly Population per **Newly Reached** Reached by per Census Census Block (yes/no) Census Block Reached Census Block by Service Service Błock State County Cherokee 0000 Yes 0 0 0.0 TX 0 0.0

> Percentage of Total Population Reached by Service

<141>

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448011

County/State: Cherokee, TX

Total Award Amount: \$146,820.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
I	§54.1009 Annual Reporting		Ava Burden	OMB 3060-1185 Estimate per Respondent: 18 Hours
Data Col	lection Form		Avg. burden	Estimate per Respondent. 10 mours
<010>	Study Area Code	448012		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018	A	ccepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	***	JUN 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fede	ral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
C. 27 Car. 3 CT				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
	, , , ,	· -		
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448012	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Ro	ad, Suite 600	
<114>	City	Wayne		<u> </u>
<115>	State	PA		
		*		
<116> <117>	Zip-Code	19087		
	Telephone Number	6105356474 ext.	_	
<118> <119>	Fax Number Email Address	6106885209		
/113 /	Elilali Audress	cstrausbaugh@cello	nenation.com	·-·
<120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		<u> </u>
<122>	Street Address (or PO Box)	900 West Valley Roa	ad. Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellor	nenation.com	· · · · · · · · · · · · · · · · · · ·
Authorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>				
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
	Zip-Code	·		
<135>	· ·			
<136>	Telephone Number			
<137>	Fax Number		<u></u>	
<138>	Email Address		•	

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.

Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

08/2017 - 07/2018

<039>

<140>

Coverage and Performance Report Year

448012_CPRd_TX.zip

Coverage and Performace attachments

State	County	1	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance d is uploaded (Yes/no)
			;	See attach	ed works	neet			

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

	(070) Urban Rate Comparability	Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
--	--------------------------------	--------------------------	---

<010>	Study Area Code	448012		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.		
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)							
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.							
Name of Reporting Carrier: Texa	as 10, LLC						
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018				
Printed name of Authorized Officer:	Chad Strausbaugh						
itle or position of Authorized Officer:	Staff Counsel						
elephone number of Authorized Officer:	6105356474 ext.						
itudy Area Code of Reporting Carrier:	448012	Filing Due Date for this form:	07/02/2018				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	ie punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authoria data provided by the reporting carrier; and, to the best of m	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:	Date:				
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Agen					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

080) Triba	al Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010×	Study Arga Code	449012	
<010> <015>	Study Area Code Study Area Name	448012 Texas 10, LLC	
<020>	Program Year		
<030>	Contact Name - Person USAC should contact regarding this data	2018 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data		
<039>	Contact Email Address - Email Address of person identified in da), COM
<142>	State		-
1212			
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation Name of	F Attached Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not A each of these boxes to confirm the status described on the attace PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:		
<146>	Needs assessment and deployment planning with a focus on Tr community anchor institutions;	Select (Yes, No, Not Applicable)	
<147>	Feasibility and sustainability planning;		
<147> <148>	Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;		

. 1

<151> Compliance with Facilities Siting rules

<152> Compliance with Environmental Review processes
<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	158880.00
<203>	Total Mobility Fund Support Disbursed	135113.83
<210>	Actual Completion Date	07/22/2015
<211>	Project Status Description (attached)	448012_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	─ ✓
<216>	Project Budget Status	<u>✓</u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

i i

(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8	
449012	

<010>	Study Area Code	448012		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

	to a contract of the second section in	clude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the
certify that I am an officer of the report pest of my knowledge, the information r	ing carrier; my responsibilities in concreed on this form and in any a	attachments is accurate.
sest of my knowledge, the information	eported on any o	
Name of Reporting Carrier: Texas	10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Fitle or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer	6105356474 ext.	
Study Area Code of Reporting Carrier:	448012	Filing Due Date for this form: 07/02/2018

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMI OMB Control No. Page 8 of 8	
--	--

<010>	Study Area Code	448012
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; n agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the rep- responsibilities include ensuring the accuracy of the data reporting requirements provided to the autho- ata provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

e for Mobility Fund Recipients on Behalf of Reporting Carrier
mit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data to the best of my knowledge, the information reported herein is accurate.
Date:
Filing Due Date for this form:
6

Attachments

11	nen	Car	0.000	anr	Do	form	anci	e Repo	ort
v	UOU	COL	CIOS		1000		15.3	CONTRACT.	3.44

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

		
-010>	Study Area Code	448012
		Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
-033×	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
		08/2017 - 07/2018
<140>	Coverage and Performance Report Year	<u> </u>

<141>

		Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ate	County Cherokee	0000				0.0	0.0	0.0	Yes
K		<u> </u>	0	0	0			 	
						<u> </u>		 	
								_	
	+	+		 	 				
					<u> </u>	 			
		T							L
	+	+			 				
								<u> </u>	
					i	Ì		<u> </u>	
								 	
	+								
								 	
					ĺ				
_			_		 				
	-		_	+	+				
									+
		+							
								 	+
_		+			+				

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

_	 	_
0		
1 0		
1		
!		
1		
1		
1		
1		
i		
1		

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448012

County/State: Cherokee, TX

Total Award Amount: \$158,880.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
				Approved by OMB
Mobility				OMB 3060-1185
	§54.1009 Annual Reporting		Avg. Buro	en Estimate per Respondent: 18 Hours
Data Col	lection Form			
		448013		
<010>	Study Area Code			
-01E>	Study Area Name	Texas 10, LLC		Accepted / Filed
_(013>	Study Area Hame	2012		, 1000 pto a / 1 110 a
<020>	Program Year	2018		11 1 0 0 00 to
	D USAC should contact			JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		
	With questions about this care			Federal Communications Commission
<035>	Contact Telephone Number:	6105356474 ext.		Office of the Secretary
1000	Number of the person identified in data line <030>			
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	Elliuli of the post-			
Special Contraction				
		and the AVIN	0405	
<040>	Has the information required pursuant to §54.100	9 been provided with a Form 481 filing (Y/N	1 <040>	•
			<041>	
	<041> Attach a description of the documents f	iled with the Form 481 reporting	\041>	
			<042>	
	<042> Cite the Study Area Code (SAC) for the F	orm 481 reporting	<0427	
	= 11 1 Demanding (u/p2)	over tribal lands? Yes or No)		
<080>	> Tribal Lands Reporting (y/n?) (Does this study area of	DVEL CIDAL MINES: 165 OF 1107		,

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrie	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448013	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	s data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	l in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	in data line <0302	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		7235110		
<111>		Cexas 10, LLC		
	- 1111/9 6511161111	Cexas 10, LLC		
<112>	***************************************	900 West Valley Roa	ad. Suite 600	
<113>		Vayne		
<114>	City _			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation.com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Thad Strausbaugh Pexas 10, LLC 900 West Valley Row Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cello		
	•			
<u>Authorize</u> <130> <131>				
<132>				
<133>				
<134>				
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8	
<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		

	448013_CPRd_TX.zip
overage and Performace attachments	

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>			<d>>d></d>
			Resident Population per	Resident Population Newly Reached		per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance da is uploaded (Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
-	<u> </u>								
			5	ee attach	ed works	neet			
	<u> </u>		_						
	ļ						•	<u> </u>	
		-					1	ļ	
			0			ĺ	0		
	Dorconto	ge of Total			Percentage	of Total			

Road Miles covered

by Service

Population Reached by

Service

(070) Urban Rate Comparability Certification Com		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> Study Area Code	448013	

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
_<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Texa	s 10, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018			
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	448013	Filing Due Date for this form:	07/02/2018			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
carrier. I also certify that I am an officer or employee of the reporti authorized agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting ing carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the id data provided to the authorized agent is accurate.
Name of Authorized Agent:	The state of the desirence agent is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee:	Date:
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punish under	red by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Beh	alf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authoria data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I y knowledge, the information reported herein is accurate.	have provided the data reported herein based or
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		D-4
Name of Authorized Agent Employee:		Date:
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements and the false	pe punished by fine or forfeiture under the Communications Act of 1934,	

(180) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448013	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding	g this data	Chad Strausbaugh	100-1
<035>	Contact Telephone Number - Number of person ident	ified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person ident	tified in data line <030>	cstrausbauqh@cellonenation.com	
<142> <143>	State			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
446		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030:	> cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	49440.00
<203>	Total Mobility Fund Support Disbursed	39838.75
<210>	Actual Completion Date	08/07/2015
<211>	Project Status Description (attached)	448013_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	,
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	√
<215>	Status of Network Deployment - Maintenance	√
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G (4G
) U 19

•

(101) Cert	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
lame of Reporting Carrier: Texas 10, LLC					
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018				
rinted name of Authorized Officer: Chad Strausbaugh					
itle or position of Authorized Officer: Staff Counsel					
elephone number of Authorized Officer: 6105356474 ext.					
tudy Area Code of Reporting Carrier: 448013	Filing Due Date for this form: 07/02/2018				

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB CONTRO No. 3060-1185
	Page 8 of 8

	Area Code	448013
	Area Name	Texas 10, LLC
<020> Progr	am Year	2018
<030> Conta	act Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035> Conta	act Telephone Number Number of name identify to the trans-	6105356474 ext.
<039> Conta	act Fmail Address - Fmail Address of posses identified in July 1	
	Forton Identified in data line 1030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my respon agent; and, to the best of my knowledge, the reports and data pro	is authorized to submit the information reported on behalf of the reporting carrier. Insibilities include ensuring the accuracy of the data reporting requirements provided to the authorized by by ded to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	Date:
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punis unde	shed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment or Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:		Date.		
Title or position of Authorized Agent or Employee of Age	nt			
Telephone number of Authorized Agent or Employee of A	Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Titl		

Attachments

	nance Report			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1:

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Resident **Total Resident** Road Miles Miles Performacne Population Population Resident Road Miles per Census covered per data is uploaded Block Newly Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Census Block State County Cherokee Census Block Service Reached Block 0000 ТX Yes 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

<141>

0

Percentage of Total Road Miles covered by Service

0

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.